

PATENT

7-11-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Ridha M. Hamza

Serial No.:

10/014,626

Examiner: Aditya S. Bhat

Filed:

October 22, 2001

Group Art: 2863

For:

MULTI-SENSOR INFORMATION FUSION TECHNIQUE

Docket No.:

H0001093 (1100.1150101)

AMENDMENT

Mail Stop Amendment

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Mail Stop Non-Fee Amendment, Commissioner for Patents, PO Box 1450, Alexandria, NA 12313-1450 this 30th day of June, 2003.

D,

Brian N. Tufte

Dear Sir or Madame,

In response to the Office Action mailed March 31, 2003, please amend the above captioned application as follows:

07/08/2003 DEMMANU1 00000064 10014626

01 FC:1201 02 FC:1202 84.00 OP 54.00 OP





JUN -9 2003
TECHNOLOGY CENTER 2800

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Applicant:

Ridha M. Hamza

Serial No.:

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For:

[X]

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Docket No.:

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TRANSMITTAL SHEET

Mail Stop Amendment

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 4.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Mail Stop Non-Fee Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 223131430 this 30th day of June, 2003.

Ву

Brian N. Tufte

We are transmitting herewith the attached:

Amendment in response to office action of March 31, 2003

[X] The fee has been calculated as shown:

[A] The fee has been calculated as shown.							
		CLAII	MS AS AMENDE	D .	i		
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	32-	29=	3	x9=	\$	x18=	\$ 54
INDEPEN- DENT CLAIMS	4-	3=	1	x42=	\$	x84=	\$ 84
() FIRST MULTIPLE DEPENDENT CLAIM				+140=	\$	+280=	\$
TOTAL				\$		\$138.00	

[X] A check in the amount of \$138.00 (claims) is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to

Deposit Account No. 50-0413.

Brian N./Tufte, Reg./No. 38,638

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Facsimile:

(612) 359-9349